PTO/SB/05 (01-04)

Approved for use through 07/31/2006. OMB 0651-0032

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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		
First Inventor	Dansie, Dan W.	٥
Title	Retrievable Gauze Pad	23. P.
Express Mail Label No.	ER 619613015 US	U. 0

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(Only for r	new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	ER 619613015 US			
See MPEP o	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	22278 10/7		
(Submit 2. Applica See 37 3. Specifi (preferr - Descr - Cross - Stater - Referr or a c - Backg - Brief 1 - Detail - Claim	ed arrangement set forth below) iptive title of the invention Reference to Related Applications ment Regarding Fed sponsored R & D ence to sequence listing, a table, omputer program listing appendix ground of the Invention Summary of the Invention Description of the Drawings (if filed) ed Description	8. Nucleotide and/or Al (if applicable, all nect a. Computer  b. Specificat  i. CD-  ii. Pap  c. Statemen	mino Acid Sequence Subressary) Readable Form (CRF) ion Sequence Listing on: ROM or CD-R (2 copies);	or ove copies		
4. Drawin 5. Oath or Dec a. New b. Cop (for i	ument(s)) ower of ttomey able) opies of IDS citations					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in-part (CIP) of prior application No.:  Prior application information:  Examiner  Art Unit:  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box						
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
19. CORRESPONDENCE ADDRESS						
Customer Number:  OR Correspondence address below						
Name	Dan W. Dansie					
Address	Address 380 West Utah Ave.					
City	Payson	State Utah	Zip Code	84651		
Country		elephone (801) 465-2754	Fax			
Name (Print/Type)   Gordon K. Hill   Registration No. (Attorney/Agent)   48,664						
Signature	<del></del>					

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PTO/SB/17 (10-03)
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FEE TRANSMITTAL		Complete if Known			
FEE IRANS	WILLIAL	Application Number			
for FY 2004		Filing Date			
Effective 10/01/2003. Patent fees are sub		First Named Inventor	Dansie, Dan W.		
	<u> </u>	Examiner Name			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) <u>3</u> 85. °°	Attorney Docket No.			

1017270	IOUNI OF FA		(a) 202.		Attorr	ey Do	cket i	lo.	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check Credit card Money Other None		3. ADDITIONAL FEES							
		<u>Large</u> l	Entity	Small	Entity				
Deposit Account:  Deposit		Fee Code	Fee (\$)		Fee (\$)	Fee Description	For Boid		
Account				1051	130	2051		Surcharge - late filing fee or oath	Fee Paid
Number Deposit				1052	50	2052		Surcharge - late provisional filing fee or	
Account Name								cover sheet	
The Director is authorized to: (check all that apply)		1053	130	1053		Non-English specification			
Charge fee	(s) indicated bel	ow Credit	any overpayments		2,520	1812		For filing a request for ex parte reexamination	
Charge any	additional fee(s	s) or any underpayn	nent of fee(s)	1804	920*	1804	920	Requesting publication of SIR prior to Examiner action	
Charge fee	(s) indicated bel	ow, except for the	filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after	
to the above-id	entified deposit	account.			440			Examiner action	
	FEE C	ALCULATION		1251	110	2251	55	Extension for reply within first month	
1. BASIC F				1252	420	2252	210	Extension for reply within second month	
Large Entity S Fee Fee		Fee Description	Fee Paid	1253	950	2253		Extension for reply within third month	
	Code (\$)	ree bescription	, cc i aid		1,480	2254	740	Extension for reply within fourth month	
1001 770	2001 385	Utility filing fee	385	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340	2002 170	Design filing fee	303	1401	330	2401	165	Notice of Appeal	
1003 530	2003 265	Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1004 770	2004 385	Reissue filing fee		1403	290	2403	145	Request for oral hearing	
1005 160	2005 80	Provisional filing f	ee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
]	l s	UBTOTAL (1)	(\$) 385	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1453	1,330	2453	665	Petition to revive - unintentional			
Z. EXIKA	LAIN FEE	F	ee from	1501	1,330	2501	665	Utility issue fee (or reissue)	
Total Claims	13 -20*		below Fee Paid	1502	480	2502	240	Design issue fee	
Independent	===			1503	640	2503	320	Plant issue fee	
Claims Multiple Depe		.= [] × [-		1460	130	1460	130	Petitions to the Commissioner	
Muliuple Dependent		1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)			
Large Entity Fee Fee	Small Entity Fee Fee	Fee Descripti	on	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) 1202 18	Code (\$) 2202 9		<u></u>	8021	40	8021	1 40	Recording each patent assignment per property (times number of properties)	
1202 18	2202 9 2201 43		ms in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290	2203 145	•	ent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86	2204 43	** Reissue indep over original pa		1801	770	2801	385		
1205 18	2205 9	** Reissue claim	s in excess of 20	1802	900	1802	900	.,,	
and over original patent		Other	fee (sp	ecify)		oi a ussigii applicatioii			
SUBTOTAL (2) (\$) O					Filina F	ee Paid SURTOTAL (2) (C)	$\overline{}$		
**or number previously paid, if greater; For Reissues, see above							ee Paid SUBTOTAL (3) (\$)	0	

SUBMITTED BY

Name (Print/Type)

Gordon K. Hill

Registration No. (Attorney/Agent)

HB,664

Telephone

Date

28 Fcb 04

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE **BASIC FEE** ころとっ (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) 12 minus 20 = 0 x \$ X S OR INDEPENDENT CLAIMS 3 0 (37 CFR 1.16(b)) minus 3 X \$ = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 385 \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING NUMBER **PRESENT** RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA AFTER** TIONAL FEE ENDMENT TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus X \$ = X \$ OR Independent (37 CFR 1.16(b)) Minus = X \$ X \$ OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\boldsymbol{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENDMENT **EXTRA AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus = (37 CFR 1.16(c)) X \$ X S OR Independent (37 CFR 1.16(b)) Minus X \$ X \$ OR ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT AFTER AMENDMENT **EXTRA PREVIOUSLY** TIONAL TIONAL PAID FOR FEE FEE Total Minus ENDMI (37 CFR 1.16(c)) X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ = OR X \$ = ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.